

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023229

STATE FILE NUMBER

FILED JUN 24 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5850

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2026 Marconi		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caroute City Hospital	
Length of stay in lb		38		2/39			
3. NAME OF DECEASED (Type or print) First Marie Middle C. Last Daniels(Daniele)				4. DATE OF DEATH Month June Day 4 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1897	9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker		
11. BIRTHPLACE (City and state or country) Italy			12. CITIZEN OF WHAT COUNTRY? Italy			13. FATHER'S NAME Frank DeBello	
14. MOTHER'S MAIDEN NAME Unknown			15. NAME OF HUSBAND OR WIFE Dominic			16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No	
17. SOCIAL SECURITY NO. 496-36-4378			18. INFORMANT Frank Daniels, 2026 Marconi			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH (Enter only one cause and line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) 334X							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 9:35 A Month 5 Day 5 Year 58 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9:35 A to 9:35 A and last saw her alive on 5/5/58 Death occurred at 9:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John E. Taylor Carver (Degree or title)			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 6/5/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-7-58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR Calcaterra Funeral Home, 5140 Daggett			25. DATE RECD. BY LOCAL REG. JUN 5 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Eaton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.